

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO:

FILING DATE

101 568,599

APPLICANT(S)

CLAIMS

	AS FILED				AFTER 1st AMENDMENT				AFTER 2nd AMENDMENT					AS FILED				AFTER 1st AMENDMENT				
	IND.		DEP.		IND.		DEP.		IND.		DEP.			IND.		DEP.		IND.		DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	IND.	DEP.	IND.	DEP.	IND.	IND.	DEP.	IND.	DEP.
1													51									
2			1										52									
3			2										53									
4			2										54									
5			①										55									
6			5										56									
7			①										57									
8			①										58									
9			①										59									
10			①										60									
11			⑥										61									
12			①										62									
13			①										63									
14			④										64									
15			1										65									
16			1										66									
17			1										67									
18			1										68									
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44													94									
45													95									
46													96									
47													97									
48													98									
49													99									
50													100									
TOTAL IND.	1												TOTAL IND.									
TOTAL DEP.	14												TOTAL DEP.									
TOTAL CLAIMS	15												TOTAL CLAIMS									